STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

St	tate: _	17777	NOTS			
	E	ELIGIBILI	TY	CONDITIO	ons and requirements	A
Citation(s	s)			Conditi	ion or Requirement	
		Α.	Gene	eral Cor	nditions of Eligibility	
			Eacl	n indivi	idual covered under the plan:	
42 CFR Part of Subpart G	435,		1.	standar	ancially eligible (using the methods and rds described in Parts B and C of this ment) to receive services.	
42 CFR Part of Subpart F	435,		2.	Meets to	the applicable non-financial eligibility ions.	
			a.	For the	e categorically needy:	
				(i)	Except as specified under items A.2.a.(i and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.	Li)
				(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI progra or more restrictive SSI-related categorically needy criteria.	ım
1902(1) of the Act	he			(iii)	For financially eligible pregnant women, infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VII), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.	5
1902(m) of t Act	he			(iv)	For financially eligible aged and disabled individuals covered under sect: 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.	

TN No. 92-18					
Supersedes	Approval Date	6-5-92	Effective D	Date	1-1-92
TN NO. 91-32					

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

ILLINOIS

ATTACHMENT 2.6-A Page 2 OMB No.: 0938-

Citation		Condition or Requirement
	ъ.	For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.
1905(p) of the Act	c.	For financially eligible qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, meets the non-financial criteria of section 1905(p) of the Act.
1905(s) of the Act	đ.	For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).
42 CFR 402	3. Is residing	in the United States and
	a.	Is a citizen;
	b.	Is a person legally admitted for permanent residence before August 22, 1996 or a person legally admitted for permanent residence on or after August 22, 1996 who has resided in the United States for five years or who originally entered as an asylee or refugee.
1902(a) and 1903(v) of the Act	c.	Is a refugee under Section 207, an asylee under Section 208 or a person whose deportation has been withheld under Section 243(h) of the Immigration and Nationality Act. Refugees include Cuban and Haitian immigrants under Section 501(e) of the Refugee Education Assistance Act of 1980 and American Immigrants under Section 584 of the Foreign Operation. Export Financing, and Related Appropriations Act, 1988.

Revision:	HCFA-PM-S4 AUGUST 1991	(BPD)	ATTACHMENT 2.6-A Page 3 OMB NO.: 0938-
_	State:	ILLINOIS	
Cita	tion		Conditions or Requirement
		đ.	Is a person paroled under Section 212(d)(5) of the Immigration and Nationality Act for at least one year and who entered the United States before August 22, 1996, or is a person paroled under Section 212(d)(5) for at least one year and who entered the United States on or after August 22, 1996, and has resided in the United States for five years.
		e.	Is a conditional entrant under Section 203(a)(7) or meets the Veteran or active duty exceptions of the Immigration and Nationality act.
42 CFR 43 1902(b) o Act		or :	a resident of the State, regardless of whether not the individual maintains the residence manently or maintains it at a fixed address.
			State has interstate residency agreement with the following States:
			State has open agreement(s).
		$\Box$	Not Applicable; no residency requirement.

TN No. 97-14 Approval Date AUG 3 0 1999 Effective Date 7-1-97

Supersedes
TN No. 91-32

Revision: HCFA-PM-91-8

October 1991

(MB)

ATTACHMENT 2.6-A

State/Territory:

Page 3a OMB No.: 0938-

Citation
----------

## Condition or Requirement

42 CFR 435.1008

5. a. Is not an inmate of a public institution. Public institutions do not include medical institutions, mursing facilities intermediate care facilities, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions. 7/14/

42 CFR 435.1008 1905(a) of the Act

b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.

Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.

42 CFR 433.145 1912 of the Act

6. Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)

TN No. Supersedes

Approval Date 7-20-72

Effective Date 6-1-92

TN No. 91-32

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)

October 1991

State/Territory:

ILLINOIS

ATTACHMENT 2.6-A Page 3a.1 OMB No.: 0938-

Citation

Condition or Requirement

An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in \$1902(1)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.

Assignment of rights is automatic because of State law.

42 CFR 435.910

7. Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number) except for aliens seeking medical assistance for the treatment of an energency medical condition under section 1903(v)(z) of the Social Security Act (Section 11374).

TN No. 92-21 Supersedes	Approval Date 7-20-92	Effective Date6-1-92
TN No		
		HCFA ID: 7985E

**OFFICIAL** 



Revision: HCFA-PM-91-4

AUGUST 1991

(BPD)

ATTACHMENT 2.6-A

Page 3b

OMB No.: 0938-

State: <u>JLLINOIS</u>

Citation

Condition or Requirement

1902(c)(2)

8. Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to cover under sections 1902(a)(10)(A)(1)(IV) and 1902(a)(10)(A)(ii)(IX) of the Act.

1902(e)(10)(A) and (B) of the Act

9. Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

TN No. 91-32 Approval Date 2-19-92 Supersedes TN No.

Effective Date 10-1-91

HCFA ID: 7985E

Revision: HCFA-PM-91-8 (MB)

October 1991

ATTACHMENT 2.6-A

Page 3c

OMB No.: (	9	3	8	-
------------	---	---	---	---

State/Territory: ILLINOIS

Citation

Condition or Requirement

1906 of the Act 10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

Approval Date 8/11/95 TN No. 94-8 Effective Date Supersedes TN No. \_\_\_\_

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991

T	T.	T.	T	N	O	T	S
_	_	_		11	v	1.	

ATTACHMENT 2.6-A Page 4 OMB No.: 0938-

AUG	Page 4
	ILLINOIS OMB No.: 0938-
Citation	Condition or Requirement
435.725 435.733 435.832	Condition or Requirement  B. Post-Eligibility Treatment of Institutionalized Individuals
	The following amounts are deducted from gross income when computing the application of an individual's or couple's income to the cost of institutional care:
	1. Personal Needs Allowance.
	a. Aged, blind, disabled Individuals \$30.00 Couples \$
	For the following individuals with greater need
	; ;
	b. AFDC related
	Children \$ 30.00 Adults \$ 30.00
	c. Individuals under age 21 covered in this plan as specified in Item B.7. of <u>ATTACHMENT 2.2-A. \$ 30.00</u>
435.725 435.733 435.832	<ol> <li>For maintenance of the non-institutionalized spouse only. The amount must be based on a reasonable assessment of need but must not exceed the highest of</li> </ol>
	SSI level \$ *  SSP level \$ *  Medically needy level \$
	*As specified in Supplement 6 to Artachment 2.6-A
TN No. 91-32 Supersedes	Approval Date 2-/9-92 Effective Date 10-1-91
TN No. 88-16	HCFA ID: 7985F

Revision: HCFA-PM-91-4 (BPD)

ATTACHMENT 2.6-A

			_			
Pag	je	5				
OME	3 3.7	_		Λα	20.	

AUGUST 1 State		ILLINOIS	Page 5 OMB No.:	0938-
Citation		Condition	n or Requirement	PIA
	3.	For children, each famil	ly member.	
		AFDC level Medically needy level Other as follows	Specified in Supple	ement 1 to Att. 2.6
	4.	Amounts for incurred med payment by a third party		ubject to
		a. Health insurance pres co-insurance charges	niums, deductibles a	nd
		<ul> <li>Necessary medical or the Medicaid plan (Re described in <u>Suppleme</u></li> </ul>	easonable limits on	amounts are
	5.	An amount for maintenance for not longer than 6 moder certified he or she is 1 period.	onths, if a physicia	n has
			maintenance of home	
		in Supplement 6 At	enses and utility ext. 2.6-A for a maxim	kpenses specified num of three months
1902(1) of the Act	6.	SSI benefits paid under (G) of the Act to indivinospital or NF.		

	Approval Date	2-19-92	Effective	Date 10-1-91
TN No86-25			HCFA ID:	7985E

Revision:	HCFA Region V November 1989 STATI	EILLINOIS	Attachm Page 5a	ent 2.6-A
			DEALT DEVENTE	AFFIRI
CITATION		CONDITION OR	REQUIREMENT	01110
	other d	lependent fami y income allow	is for communit ly members used vances under Se	d to calculate
	a. Cor	mmunity spous	es	
	1.		based on the part of the part	
	_X_2.		standard cont 4 (d)(3)(C).	ained in
	3.	the minimum Section 192 costs not to contained i	ndard which is standard desc 4 (d) plus ac exceed the max in Section 193 d used is \$	cribed in tual shelter cimum standard 24 (d)(3)(C).
	b. oti	her family me	mbers who are	dependent
	<u>x</u> 1.	A standard contained i used.	based on the n Section 1924	formula (d)(1)(C) is
	2.	which would described in	dard greater to be used if to n Section 1924 standard use i	he formula (d)(1)(C)were
	in ba pr	dividuals red sed waiver se	escribed above eiving home a ervices in lie medical or rem	nd community- u of services